Directions for Completing Argyle ISD Criminal Background Check

1. Print out all the forms in this attachment.
2. Complete the forms.
3. Scan the forms and save to your computer.
4. Email the forms to COE-ClinicalPractice@unt.edu by the due date provided in the email you received from the Clinical Practice Office.
Complete this form to request Classroom Observation Placement. After the criminal background check has been approved placement will be made with a campus teacher and you will be notified. Requests are processed according to the date received and the availability of campus teachers. Please be aware of request deadlines - as placements are limited.

- Deadline for Requesting FALL Student Observer Assignments: October 1
- Deadline for Requesting SPRING Student Observer Assignments: February 1

Submission Date: ___________________________

Student Name: __________________________________________

Date of Birth: ___________________________________________ Phone: ___________________________

Email: ________________________________________________

University, College, or Certification Program: ___________________________

Area of Certification: (Ex: EC-6, Gen. 4-8, 6-12 Math) ________________

Number of Hours Requesting: __________________________

Program Supervisor’s Signature: ___________________________

Program Contact Person and Email: ______________________________

First Assignment Date: ___________________________     Campus: ___________________________

Campus Address: ___________________________________________ Phone: ___________________________

Mentor Teacher: ___________________________     Email: ___________________________

Grade Level/Subject: ___________________________________________

Principal: ___________________________     Email: ___________________________

Second Assignment Date: ___________________________     Campus: ___________________________

Campus Address: ___________________________________________ Phone: ___________________________

Mentor Teacher: ___________________________     Email: ___________________________

Grade Level/Subject: ___________________________________________

Principal: ___________________________     Email: ___________________________

ISD Approval: ___________________________

For District Office Use Only
Confidential

The Argyle Independent School District is required by Texas Education Code Chapter 22, Subchapter C - to review the criminal history of applicants, employees, independent contractors, student teachers, and volunteers. The information requested below is necessary to obtain criminal history record information.

Name: ____________________________________________________________

Social Security Number: __________________________ Date of Birth: __________________________

Driver’s License (State and Number) ____________________________________________________

Mailing Address: _______________________________________________________________________

Email: ________________________________________________________________________________

Sex: Male: ________ Female: ________

Ethnicity: Black: ________ White/Other: ________

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.

Signature: ________________________________ Date: ______________________________

This form will be removed from the application and filed separately in the HR office.

TASB HR Services
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DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, ____________________________, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore the agency may request that I have a fingerprint search performed to clear any misidentification based on the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with MorphoTrustUSA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company, MorphoTrustUSA.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

___________________________________________

Date

___________________________________________

Agency Name (Please print)

___________________________________________

Agency Representative Name (Please print)

___________________________________________

Signature of Agency Representative

___________________________________________

Date

 Please:
 Check and Initial each Applicable Space

CCH Report Printed:
YES ☐ NO ☐ ______ initial

Purpose of CCH:
___________________________________________

Approved ☐ Not Approved ☐ ______ initial

Date Printed: _______________ ______ initial

Destroyed Date: _______________ ______ initial

Retain in your files

Rev. 09/2012